Instructions For Notice of Motion For Simplified Modification Of Support

WHEN TO USE THIS PACKET

You can use this packet to ask the court to modify an existing order for child, spousal or family support. They can be used in pre-existing Family Support cases or if the other party has already "appeared" in the action by asking the court to make order in the case.

Once the documents are filled out and filed with the court, you will be given a court date.

This packet includes a "Notice of Motion for Simplified Modification" [FL-390], "Financial Statement" [FL 155], and a "Proof of Service by Mail" [FL 335] along with instructions for completing the forms. There is also a blank "Responsive Declaration" [FL 392], which is served with the above documents.

Filing Fee in Family Support Cases:

There is a \$26 filing fee for filing the enclosed forms if you have already appeared in this case. If you have not appeared before, there is an additional first time filing fee of \$233.

Filing Fee in Family Law Cases:

There is a \$37 filing fee for filing the enclosed forms if you have already appeared in this case. If you have not appeared before, there is an additional first time filing fee of \$303. You may be eligible for a "**Fee Waiver**" which is available as a separate packet.

Once the Notice of Motion documents are filled out, filed with the court and a court date assigned, a copy of the Notice of Motion and other documents must be served on all other parties by having someone mail the other parties a copy of the documents. The Proof of Service by Mail must be completed by the person who serves the Notice of Motion on the other parties and then filed with the court.

Note: you may personally serve the other parties. If you want to personally serve the other parties you will need a "**Proof of Personal Service**" [FL-330].

SAMPLE

FORMS

| | | | FL-3 |
|--|--|--|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTOR FC §§ 17400, 17406) (Name, State Bar Nur. | NEY OR G OVERNMENTAL AGENCY (pursuant to noter, and Address): | TELEPHONE NO.: | FOR COURT USE ONLY |
| 2 | RT OF CALIFORNIA • COUNTY OF 1100 Van Ness Avenue resno, California 93724-0002 | FRESNO | |
| PETITIONER/PLAINTIFF | | | |
| RESPONDENT/DEFENDANT | 3 | | |
| | MOTION FOR SIMPLIFIED MODIFICA | HON OF OTHER | SE NUMBER: |
| TO (name): | the relief requested below will be held a | as follows: | |
| a. Date: | Time: | Dept.: | Room: |
| | o change the amount currently payable I | by | |
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NOTICE OF MOTIONAND SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL AND FAMILY SUPPORT (FL-390)

DIRECTIONS

- Find the number on the sample form. *Example:* •
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- If you know the CASE NUMBER fill it in If not known leave it

- Write your name, address and telephone number here.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- **3** Write the full names (first, middle, last) of the parties. You are the "Petitioner" if you have started a case. You are the "Respondent" if another person started the case against you.
- **4** Check the box for the type of support you are asking to modify child, spousal or family.
- **5** Write the name of all the other parties in the case for example County of Fresno and the other parent.
- **6** DO NOT FILL IN. Take this form to the Facilitator's Office or downtown courthouse 4th floor for the court date.
- **7** Check the box if the hearing is at the address listed in **2** above. If the hearing is being held somewhere else, check that box and write in the address.
- 8 If you want the court to change the amount of support being paid fill out item 2. Check the box for the person paying the support. Check box 2(a) if you want to change the child support and write in the date you want the change to take start. Check box 2(b) if you want to change spousal support, write in the new amount and write in the date you want the change to start. Check box 2(c) if you want to change family support, write in the new amount and write in the date you want the change to start.

| | (daress): | TELEPHONE NO.: | FOR COURT USE ONLY | |
|--|---|--|---|--|
| _ | | | | |
| 1100 | CALIFORNIA • COUNTY OF I | FRESNO | | |
| PETITIONER/PLAINTIFF: | California 93724-0002 | | | |
| RESPONDENT/DEFENDANT: | | | | |
| | | | | |
| NOTICE OF MOTION AND MOTIC FOR CHILD SUPPORT | | TON OF ORDER | CASE NUMBER: | |
| O (name): | | . (-11 | | |
| I. A hearing on this motion for the rel | | | | |
| a. Date: | Time: | Dept.: | Room: | |
| c. I family support of: \$ or such other sums as may be at B. I am requesting issuance of modi I I am requesting the court to | opropriate pursuant to applicable gifted earnings assignment. | | _ | |
| to provide health insurance Assignment (form FL-470). 5. (Check whichever statements are | coverage for the children as oblig | | ondent/defendant other pare ssue a Health Insurance Coverage | |
| Assignment (form FL-470). (Check whichever statements are a. An application for public b. The children are receiving | coverage for the children as oblig | ated by law, and to is n is pending in <i>(coun</i> name): | ssue a Health Insurance Coverage <i>ty name):</i> Co County. | |
| Assignment (form FL-470). (Check whichever statements are a. An application for public b. The children are receiving c. This request is made by 5. This request is based on | coverage for the children as oblig true, if any) assistance (TANF) for the children g public assistance from (county in the governmental agency providing cial Statement (Simplified) (form Fine income of | nated by law, and to in its pending in (counting): ag support enforcement L-155) or Income an | ssue a Health Insurance Coverage <i>ty name):</i> Co County. | |
| Assignment (form FL-470). 6. (Check whichever statements are a. An application for public b. The children are receiving. C. This request is based on a. the attached completed Finant for the applicant. b. a significant change in the c. the attached guideline significant. | coverage for the children as oblig true, if any) assistance (TANF) for the children g public assistance from (county if the governmental agency providincial Statement (Simplified) (form Fine income of | ated by law, and to in a pending in (coumname): g support enforceme L-155) or Income an alaintiff response | ssue a Health Insurance Coverage of the services in this action. d Expense Declaration (form FL-150) ondent/defendant other parent | |
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NOTICE OF MOTIONAND SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL AND FAMILY SUPPORT (FL-390)

- page one continued -
- Find the number on the sample form.

 Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- Type or print in black ink.

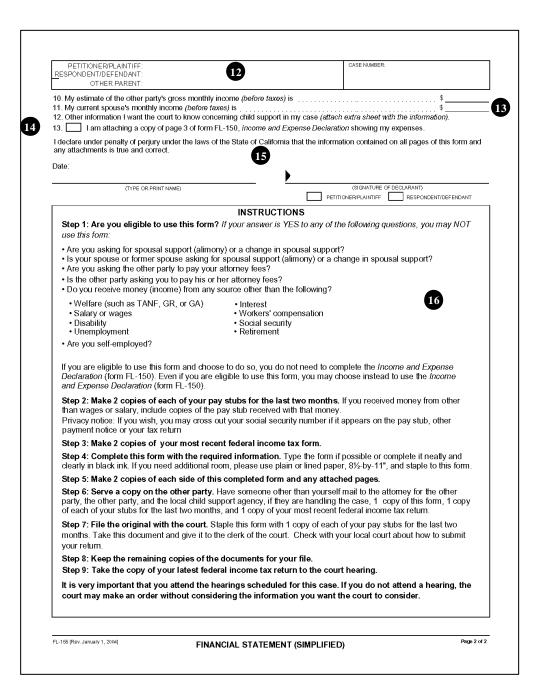
- If you want the court to order the other parent to provide health insurance for the child(ren) check box 4 and then check the box for the person who should provide the insurance petitioner, respondent or other parent.
- Check box 5(a) if an application for public assistance for the child(ren) has been filed and you are waiting for a decision. Write in the county where the application was filed.
- 11 Check box 5(b) if the child(ren) are receiving public assistance. Write in the court providing the assistance.
- There is nothing to check at 6(a) but you MUST attach a Simplified Financial statement or Income and Expense Declaration.
- Check box 6(b) if either parent is making either a lot less OR a lot more money then they did before. Check the box for the person making less OR more money- petitioner, respondent or other parent.
- Check box 6(c) if you are attaching a support calculation sheet (Dissomaster).
- Check box 6(d) if there is any other reason you are asking to modify the support. Write in that reason.
- Print your name on the left and sign it on the right. Put in the date that you signed the form.

| Your name and printed to refer to the analysis of the state of the sta | FL: |
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| | |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF | |
| STREET ADDRESS: | |
| WALING ACCRESS | |
| NA MCTROOF | 8 |
| PETITIONERIPLAINTIFE. | 1 |
| RESPONDEN VOEFENDANT OTHER PARENT | |
| | SALENAMEN |
| FINANCIAL STATEMENT (SIMPLIFIED) | Ú |
| NOTICE: Read page 2 to find out if you qualify to use this form | and how to use it. |
| a. My only source of income in TANF, SSL or GA/GR. I have applied for TANF, SSL or GA/GR. | |
| Tarn the parent of the following number of natural or adopted children from this relation | nhip |
| 3. 9. The children from the relationship are with the this amount of time | THE PROPERTY OF THE PARTY OF TH |
| The dritten from the randowship are with the other parent this amount of time Our arrangement for costody and risidation is ¿quecky, using each sineer if renessar | |
| 4. My tax filing states is: Single married filing jointly for head of hour | chold married filing separately. |
| 5. My current gross moone photosissory per month is | |
| Attach 1 This recome comes from the following: Salary/wages: Amount before (sans per month) | |
| stutis for Fostirement. Amount before taxes per month. | |
| tast 2 Unomployment compressition: Amount per month | |
| months here Workers' componention. Amount per month | |
| secold Social security SSI Other Amount per month | |
| security Interest income / from bank accounts or others Amount per mor | |
| numbers) Itsuse to income other than as stated in this paragraph. | |
| I pay the following monthly expenses for the children in this case: Day care or pre-chool to allow me to work or go to school | |
| Lay care or prescrious to allow the to work or go to screen Health care not paid for by resurrance | |
| e. Schoot, advestion, fution, or other special needs of the chird | |
| d. Travel expenses for visitation | |
| Thate are appeally outside: other minor children of mino living with that I pay one | |
| It is pand the following average monthly amounts (please affect proof): | |
| Ast-related expenses that are not part by my employer (specify research for a. Required union days. | openses on separate sheet) 5 |
| Required estimated payments (not social security, FICA, 491b or 894) | |
| d. Health insurance costs | |
| Child support I am paying for other minor children of mine who are not living. | |
| Spousal support I am paying tracause of a coeff order for another relationshing. Monthly learning coefs rent or reatgage. | |
| | |
| | |
| Emorgago: Interest payments 5 | |
| Emorgago: Interest payments 5 teal property laws 5. | symmetri |
| # montpage interest payments 5 real property taxes 5. 9. Information concerning | Attent |
| Emergage interest payments 5 — real property taxes 5. Interest, careoming my current employment mij most recent employer. | Arment |
| Frincipge 164000 payments 5. Hall property have 5. Industrial concerning my carent employment. In my mod record employment property for the property of the p | |

FINANCIAL STATEMENT (SIMPLIFIED) (FL-155)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.
- **1** Don't use this form for: Spousal Support, Attorneys Fees or if you are self-employed. Read the INSTRUCTIONS on page 2 to see make sure you qualify. Then, write your name and address here.
- If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3 You are the "Petitioner" if you started the case. You are the "Respondent" if another person started the case against you. Write the full name (first, middle, last) of each.
- 4 Check 1.a. if you are on TANF, SSI, or GA/GR and this is the <u>only</u> money you get. If you check this box, skip to (#8) below. Check 1.b if you have applied for TANF, SSI, or GA/GR, but not getting money yet.
- For # 2, put in the number of children born or adopted by you and the other party. For # 3, write in the percentage of time you are with the child/children and the percentage of time the other parent is with them. Example: if you have them weekdays and the other parent has them weekends the children are with you about 70% of the time and with the other parent about 30% of the time.
- **6** For # 4, check the box that tells how you currently file your taxes, either as a single person, married filing together, as head of household, or married but filing on your own.
- For # 5, put in the amount of money you get each month <u>before</u> taxes are taken out. Then check the boxes where the money comes from and write each amount. When you add these amounts, the number should be the same as what you wrote for your total monthly income.
- 8 For # 6, check all boxes that apply to you, and list the amount of each of these expenses.
- **9** Check the box after # 7 if you have other children under age 18 living with you, who are not part of this case. Put in the number of children and list the amount of money you spend each month on them.
- Read # 8 carefully, and check all boxes that apply to you. List the average amount of money you spend each month on these items. Attach proof that you make these payments (statements, bills, invoices, etc.).
- For # 9, check the first box if you currently have a job or the second box if you are currently not working. Give the name, address and phone number of your current employer, or your most recent employer. Occupation means your job title. For example, "mechanic" or "cashier." Write the date you started this job and/or stopped & what income was.



FINANCIAL STATEMENT (FL-155)

- page two -

DIRECTIONS

- Find the number on the sample form.

 Example: 15
- ▶ Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- ▶ If you know the CASE NUMBER, fill it in. If not known, leave it blank.

- List the full name of both parties in the case.
- Put in the total amount of money you think the other party makes in a month before taxes are taken out. If you have remarried write your current spouses income (before taxes).
- 14 If you want the court to know what your expenses are, you can attach page 3 of form FL-150.
- Print your name on the left and sign it on the right. Put in the date that you signed the form. By signing this form you are saying that what you wrote is correct. If you have something else you want the court to know about your case, write it down on another piece of paper and attach it to this form.
- Read and follow the INSTRUCTIONS section carefully. There is nothing to fill out, but there is information here that will help you. "Eligible" means "allowed." Most people filling out this form are probably eligible, but if you answered YES to any of the questions in Step 1, you are not allowed to use this form.

Make sure to attach check stubs for the last 2 months. Cross out your social security numbers.

| | IT ATTORNEY OR GOVERNMENTAL AGEN 7406) (Name, state bar number, and address, | | OS: FOR COURT | USE ONLY | |
|---|--|---|---|----------------------------|--|
| _ | | | | | |
| SUPERIOR | COURT OF CALIFORNIA 1100 Van Ness A Fresno, California 93 | wenue | | | |
| PETITIONER/PLAINT | TIFF: | | \neg | | |
| RESPONDENT/DEFEND | ANT: | | | | |
| OTHER PAR | IENT: | | | | |
| | IVE DECLARATION TO M FORDER FOR CHILD, SE | IOTION FOR SIMPLIFIED POUSAL, OR FAMILY SUPPOR | т | | |
| HEARING DATE: | TIME: | DEPT., ROOM, OR DIVISION: | CASE NUMBER: | | |
| Family Suppor | | ce of Motion and Motion for Simplifieding reasons (check one or more): | d Modification of Order for | Child, Spousal, or | |
| Family Suppole a. My i b. The c. Iam my / d. The e. The f. OTH 3. I have attached the a. A completed cop | at form FL-390) for the followin income is incorrectly stated. other parent's income is incor- entitled to the hardship dedul income and Expense Declara other parent is not ontitled to amount of support is not com IER (specity): following: by of my Financial Statement (ie support calculation sheet. | ng reasons (check one or more): rrectly stated. ictions as shown in my attached Fina tion (form FL-150). hardship deductions as claimed. | ancial Statement (Simplifie | <i>ර) (</i> form FL-155) o | |
| Family Suppo a. My i b. The c. Iam my i d. The e. The f. OTH 3. I have attached the i a. A completed cop b. A guidelin c. OTHER (s | at form RL-390) for the followin income is incorrectly stated. other parent's income is incor- entitled to the hardship dedu income and Expense Declara- other parent is not entitled to amount of support is not com IER (specity): by of my Financial Statement (is support calculation sheet. specify): | ng reasons (<i>check one or moré</i>): rrectly stated. ctions as shown in my attached <i>Fina</i> tion (form FL-150). thardship deductions as claimed. putled correctly. | uncial Statement (Simplifie une and Expense Declara two most recent federal s hearing. | d) (form FL-155) o | |
| Family Suppo- a. | at form RL-390) for the followin income is incorrectly stated. other parent's income is incor- entitled to the hardship dedu income and Expense Declara- other parent is not entitled to amount of support is not com IER (specity): by of my Financial Statement (is support calculation sheet. specify): | ing reasons (check one or more): rrectly stated. ctions as shown in my attached Fina fion (form EL-150). hardship deductions as claimed. pulled correctly. (Simplified) (form FL-155) or my Inco IOTICE TO BOTH PARENTS e most recent pay stubs and your (whether individual or joint) to the | uncial Statement (Simplifie une and Expense Declara two most recent federal s hearing. | d) (lorm FL-155) o | |

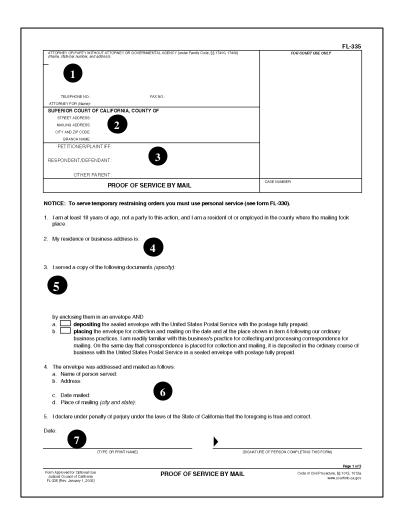
RESPONSIVE
DECLARATION TO
MOTION FOR
SIMPLIFIED
MODIFICATION OF
ORDER FOR CHILD,
SPOUSAL, OR FAMILY
SUPPORT
(FL-392)

DIRECTIONS

► Leave this blank. The other party fills out this form.

Leave this form blank. This form is served on the other party. The other party fills out this form.

SSHC-D-04 E03-03 Page 1 of 1



PROOF OF SERVICE BY MAIL (Family Law) FL-335

DIRECTIONS:

- Find a number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

NOTE: the person serving the papers will use this form if they <u>mailed</u> the papers.

- **1** Write your name, address, and telephone number.
- 2 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- Write the names of the parties. You are "Petitioner" if you started the case. You are "Respondent" if you did not.
- Write the home or business address of the person who will serve the papers.
- **6** Write the names of the papers served. (For example, "Notice of Motion.")
- **6** Write the name and address of the person to whom the papers were mailed exactly as it was written on the envelope.
 - Write the date the envelope was mailed, and the city and state from which it was mailed.
- The person who mailed the papers will write the date at the bottom of the page, print his/her name, and sign his/her name.

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the Respondent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent.

Complete the top section of the proof of service forms as follows:
First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the documents.

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use

Second box, left side: Print the names of the Court plant is on the documents you are serving.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same names listed on the documents you are serving.

First box, top of form, right side: Leave this box blank for the court's use.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
 Print your home or business address.
 List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
 Check this box if you put the documents in the regular U.S. mail.
 b. Check this box if you put the documents in the mail at your place of employment.

- D. Crieck ruis box if you but me documents in the mail at your place of employment.
 A. Print the name you put on the envelope containing the documents.
 D. Print the address you put on the envelope containing the documents.
 Write in the date that you put the envelope containing the documents in the mail.
 Write in the city and state you were in when you mailed the envelope containing the documents.
 You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.

PROOF OF SERVICE BY MAIL

PROOF OF SERVICE **BY MAIL** (Family Law) **FL-335**

- page two -

There is nothing to fill out on this page, but you should read these instructions.

BLANK

FORMS

| | | 1 L-050 |
|--|---|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursua FC §§ 17400, 17406) (Name, State Bar Number, and Address): | nt to TELEPHONE NO.: | FOR COURT USE ONLY |
| | | |
| | | |
| PETITIONER/PLAINTIFF: | | |
| RESPONDENT/DEFENDANT: | | |
| OTHER PARENT: | ADJETO A TION OF ODDED | CASE NUMBER. |
| NOTICE OF MOTION AND MOTION FOR SIMPLIFIED MOTION FOR CHILD SUPPORT SPOUSAL SUPPOR | | CASE NUMBER: |
| TO <i>(name):</i> 1. A hearing on this motion for the relief requested below will l | na hald as follows: | |
| a. Date: Time: | Dept.: | Room: |
| b. Address of court: same as noted above | other (specify): | |
| | (-) , , | |
| 2. I am requesting the court to change the amount currently petitioner/plaintiff respondent/defendant a. child support pursuant to the California child support b. spousal support of: \$ c. family support of: \$ or such other sums as may be appropriate pursuant to appro | other parent to the port guideline commencing (date): per month beginning (date): | following: ate): |
| 3. I am requesting issuance of modified earnings assignmen | ıt. | |
| I am requesting the court to order the pet to provide health insurance coverage for the children Assignment (form FL-470). | · · · · · · · · · · · · · · · · · · · | pondent/defendant other parent ssue a Health Insurance Coverage |
| 5. (Check whichever statements are true, if any) a. An application for public assistance (TANF) for the children are receiving public assistance from c. This request is made by the governmental agence. | (county name): | County. |
| | | ad Expense Declaration (form FL-150) condent/defendant other parent |
| c the attached guideline support calculation sheet.d other (specify): | | |
| I declare under penalty of perjury under the laws of the State | of California that the foregoing | g is true and correct. |
| Date: | k | |
| | _ | |
| (TYPE OR PRINT NAME) | | (SIGNATURE OF DECLARANT) |

| (SIGNATURE OF PERSON WHO SERVED MOTION) | (ТРРЕ ОР ИНИ ИММЕ) | |
|--|--|--|
| • | | |
| | Date: | |
| rnia that the foregoing is true and correct. | declare under penalty of perjury under the laws of the State of Califor | |
| (c) Time of mailing: | (c) Time of mailing: | |
| (b) Date of mailing: | (b) Date of mailing: | |
| (a) Address: | (a) Address: | |
| (2) Name of local child support agency served: | fully prepaid, addressed as follows: (1) Name of party or attorney served: | |
| otion for Simplified Modification of Order for Child, Spousal, the United States mail, in a sealed envelope with postage | | |
| (c) Time of delivery: | (c) Time of delivery: | |
| (b) Date of delivery: | (b) Date of delivery: | |
| (a) Address where delivered: | (a) Address where delivered: | |
| (2) Name of local child support agency served: | (1) Name of party or attorney served: | |
| Notice of Motion and Motion for Simplified Modification of Ord as follows: | a. Personal service. I personally delivered a copy of the for Child, Spousal, or Family Support and all attachmen | |
| blows (check either a. or b. below for each person served): | 2. I served a copy of the foregoing Notice of Motion and Motion as for | |
| y to the legal action. | I. At the time of service I was at least 18 years of age and not a part | |
| ervice. The Notice of Motion and Motion cannot be filed or party (or attorney) are served and this proof of service is | Anyone at least 18 years of age EXCEPT A PARTY in this whoever served the motion fills out and signs this proof of a with the court until the local child support agency and the other properly completed. If this motion is brought after judgment his party and not the attorney for the party. | |
| ild support agency, and to the last known address of | OB (2) Mailing it, postage prepaid, to the office of the local ch the other party. | |
| npport agency and to the other party. | (1) Personally delivering it to the office of the local child su | |
| the order, or the children are receiving TANF, the child support agency of the county where the action cy and other party may be made by anyone at least | The Notice of Motion and Motion must be served on the other support agency, the local child support agency is enforcing. Notice of Motion and Motion must also be served on the local is filed. Service of the motion on the local child support agency is filed. Service of the motion on the local child support agency is filed. | |
| EBAICE | PROOF OF SI | |
| | ОТНЕВ РАВЕИТ: | |
| | HESPONDEN I/DEFENDANT: | |

CASE NUMBER:

w

FL-390 [Rev. January 1, 2003]

PETITIONER/PLAINTIFF:

| You | our name and address or attorney's name and address: | TELEPHONE NO.: | FOR COURT USE ONLY |
|------|---|-------------------------|----------------------------------|
| _ | | | |
| | | | |
| | | | |
| | | | |
| AII | TORNEY FOR (Name): | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | PETITIONER/PLAINTIFF: | | |
| ı | RESPONDENT/DEFENDANT: | | |
| | OTHER PARENT: | | |
| | FINANCIAL STATEMENT (SIMPLIFIED) | | CASE NUMBER: |
| | NOTICE: Bood mans 2 to find out if you man | | and hourtouse it |
| | NOTICE: Read page 2 to find out if you qu | ality to use this form | and now to use it. |
| 1. | | | |
| | b I have applied for TANF, SSI, or GA/GR.I am the parent of the following number of natural or adopted chi | dran from this relation | shin |
| | a. The children from this relationship are with me this amount of | | |
| | b. The children from this relationship are with the other parent th | | |
| | c. Our arrangement for custody and visitation is (specify, using a | | |
| | | | |
| | | | ehold married filing separately. |
| Э. | This income comes from the following: | | <u>\$</u> |
| | Allacii i Colory/wa gooy Amount before toyon nor m | onth | \$ |
| | stubs for Salary Wages. Amount before taxes per mon | | |
| | last 2 Unemployment compensation: Amount pe | r month | \$ |
| | last 2 Unemployment compensation: Amount per months here Workers' compensation: Amount per months | h | \$ |
| | Cross out Social security: SSI Other | Amount per month | |
| | | | |
| | numbers) Interest income (from bank accounts or or | her): Amount per mon | th <u>\$</u> |
| | I have no income other than as stated in this par | | |
| | I pay the following monthly expenses for the children in this case | | ¢ |
| | a. Day care or preschool to allow me to work or go to sch | | |
| | b. Health care not paid for by insurance | | |
| | c. School, education, tuition, or other special needs of the d. Travel expenses for visitation | | |
| 7. | | | |
| ۲. ا | that I pay are | | |
| 8. | I spend the following average monthly amounts (please attach pl | | |
| | a. Job-related expenses that are not paid by my employe | • | expenses on separate sheet) \$ |
| | b. Required union dues | · · | |
| | c. Required retirement payments (not social security, FIC | | |
| | d. Health insurance costs | | |
| | e. Child support I am paying for other minor children of m | | |
| | f. Spousal support I am paying because of a court order | or another relationship |) |
| | | | <u>\$</u> |
| _ | If mortgage: interest payments \$ real p | | |
| | Information concerning my current employment molecular | my most recent emplo | yment: |
| | Employer: Address: | | |
| | Telephone number: | | |
| | My occupation: | | |
| | Date work started: | | |
| | Date work stopped (if applicable): What was your gross | income (before taxes) | before work stopped?: |

Page 1 of 2

| | It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider. | | | |
|----------|---|--|--|--|
| | Step 8: Keep the remaining copies of the documents for your file. Step 9: Take the copy of your latest federal income tax return to the court | t hearing. | | |
| | | | | |
| | Step 7: File the original with the court. Staple this form with 1 copy of each or months. Take this document and give it to the clerk of the court. Check with yo your return. | | | |
| | Step 6: Serve a copy on the other party. Have someone other than yourself if party, the other party, and the local child support agency, if they are handling the of each of your stubs for the last two months, and 1 copy of your most recent fe | he case, 1 copy of this form, 1 copy | | |
| | Step 5: Make 2 copies of each side of this completed form and any attach | saged pages. | | |
| | Step 4: Complete this form with the required information. Type the form if p clearly in black ink. If you need additional room, please use plain or lined paper | | | |
| | Step 3: Make 2 copies of your most recent federal income tax form. | | | |
| | payment notice or your tax return | | | |
| | Step 2: Make 2 copies of each of your pay stubs for the last two months. I than wages or salary, include copies of the pay stub received with that money. Privacy notice: If you wish, you may cross out your social security number if it is | | | |
| | If you are eligible to use this form and choose to do so, you do not need to com Declaration (form FL-150). Even if you are eligible to use this form, you may ch and Expense Declaration (form FL-150). | | | |
| | Are you self-employed? | | | |
| | Welfare (such as TANF, GR, or GA) Salary or wages Disability Unemployment Unemployment | | | |
| | Are you asking for spousal support (alimony) or a change in spousal support? Is your spouse or former spouse asking for spousal support (alimony) or a change the other party asking you to pay his or her attorney fees? Is the other party asking you to pay his or her attorney fees? Do you receive money (income) from any source other than the following? | | | |
| | siyi əsn | | | |
| | Step 1: Are you eligible to use this form? If your answer is YES to any of the | TON ysm uoy ,snoiteaup gniwollot e | | |
| _ | INSTRUCTIONS | | | |
| _ | DITITED (SMAN TNIRG RO ENTY) | (SIGNATURE OF DECLARANT) ONER/PLAINTIFF RESPONDENT/DEFENDANT | | |
|] | ațe: | | | |
| | declare under penalty of perjury under the laws of the State of California that the informat by attachments is true and correct. | tion contained on all pages of this form and | | |
| | I am attaching a copy of page 3 of form FL-150, Income and Expense Declaration | | | |
| l L | . My current spouse's monthly income (before taxes) is | | | |
| <i>,</i> |). My estimate of the other party's gross monthly income (before taxes) is | \$ | | |
| - | PETITIONER/PLAINTIFF: ESPONDENT/DEFENDANT: :TNBRAY PARENT: | СРЗЕ ИОМВЕК: | | |

| | R PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY Code, §§ 17400, 17406) (Name, state bar number, and address): | TELEPHONE AND FAX NOS.: | FOR COURT USE ONLY | | |
|---|---|--|--------------------------|--|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PETITIO | ONER/PLAINTIFF: | | | | |
| RESPONDE | ENT/DEFENDANT: | | | | |
| | OTHER PARENT: | | | | |
| | RESPONSIVE DECLARATION TO MOTIO CATION OF ORDER FOR CHILD, SPOUS | | | | |
| HEARING D | DATE: TIME: DEP | T., ROOM, OR DIVISION: | CASE NUMBER: | | |
| I consent to the request contained in the Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support (form FL-390). | | | | | |
| I object to the request contained in the Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support (form FL-390) for the following reasons (check one or more): a. | | | | | |
| 3. I have attached the following: a. A completed copy of my <i>Financial Statement (Simplified)</i> (form FL-155) or my <i>Income and Expense Declaration</i> (form FL-150). b. A guideline support calculation sheet. c. OTHER (specify): | | | | | |
| NOTICE TO BOTH PARENTS You must bring copies of your three most recent pay stubs and your two most recent federal and state tax returns (whether individual or joint) to the hearing. | | | | | |
| I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Date: | | | | | |
| | (TYPE OR PRINT NAME) | <u>, </u> | (SIGNATURE OF DECLARANT) | | |

Page 1 of 2

RESPONSIVE DECLARATION TO MOTION FOR SIMPLIFIED MODIFICATION OF ORDER FOR CHILD, SPOUSAL, OR FAMILY SUPPORT

FL-392 [Rev. January 1, 2003]

RESPONDENT/DEFENDANT:

PETITIONER/PLAINTIFF:

| RSON WHO SERVED RESPONSIVE DECLARATION) | - (SIGNATURE OF PE | (TYPE OR PRINT NAME) | | | |
|--|----------------------------------|--|--|--|--|
| | • | | | | |
| | | Date: | | | |
| | 6 . 6 | | | | |
| eclare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | | | | | |
| | to smiT (a) | (b) Date of mailing: (c) Time of mailing: | | | |
| .bujjibu. | (b) Date of | .builiem to etc. (d) | | | |
| | | | | | |
| ; | esesippA (s) | (a) Address: | | | |
| | | , | | | |
| al child support agency served: | (2) Name of loc | (1) Name of party or attorney served: | | | |
| | | prepaid, addressed as follows: | | | |
| | | Child, Spousal, or Family Support in the United Sta | | | |
| Aodification of Order for | A bəiזilqmiS rot noitoM ot noits | b. Mail. I deposited a copy of the Responsive Declan | | | |
| дејілегу: | to emiT (a) | (c) Time of delivery: | | | |
| delivery: | to ets (d) | (b) Date of delivery: | | | |
| мреге delivered: | esərbbA (a) | (a) Address where delivered: | | | |
| al child support agency served: | (S) Name of loc | (1) Name of party or attorney served: | | | |
| for Simplified Modification of Order for Child, Spousal, or Family Support as follows: | | | | | |
| 2. I served a copy of the foregoing Responsive Declaration as follows (check either a. or b. below for each person served): a Personal service. I personally delivered a copy of the Responsive Declaration to Motion | | | | | |
| | מ אמונא נה נוגב ובאמו מכנוחווי | 1. At the time of service I was at least 18 years of age and not | | | |
| | agitae legal odt at væed e | | | | |
| cannot be filed with the court until the local child support agency and the other party are served and this proof of service is properly completed. | | | | | |
| Declaration. Be sure whoever served the declaration fills out and signs this proof of service. The Responsive Declaration | | | | | |
| (2) Mailing it, postage prepaid, to the office of the local child support agency and to the other party. Anyone at least 18 years of age EXCEPT A PARTY to this action may personally serve or mail the Responsive | | | | | |
| / #################################### | ot bac vogope traggue blide k | AO | | | |
| ther party. | d support agency and to the o | (1) Personally delivering it to the office of the local chil | | | |
| | | Service is made in one of the following ways: | | | |
| the local child support agency is enforcing the order, or the child is receiving TANF, the Responsive Declaration must also be served on the local child support agency and other party may be made by anyone at least 18 years of age EXCEPT you. | | | | | |
| This Responsive Declaration must be served on the other party. If the action was brought by the local child support agency, | | | | | |
| PROOF OF SERVICE | | | | | |
| | | ОТНЕВ РАВЕИТ: | | | |

CASE NUMBER:

| AT (Na | TORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (under Family Code, §§ 17400, 17406) Ime, state bar number, and address): | FOR COURT USE ONLY | | | |
|--|---|---|--|--|--|
| | mo, state but namest, and addressly. | | | | |
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| | | | | | |
| | TELEPHONE NO.: FAX NO.: | | | | |
| AT | TORNEY FOR (Name): | | | | |
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| | | | | | |
| | PETITIONER/PLAINTIFF: | | | | |
| | SPONDENT/DEFENDANT: | | | | |
| | SPONDENT/DET ENDANT. | | | | |
| | OTHER PARENT: | | | | |
| | DDOOF OF CEDWOE BY MAIL | CASE NUMBER: | | | |
| | PROOF OF SERVICE BY MAIL | | | | |
| | | | | | |
| NOT | FICE: To serve temporary restraining orders you must use personal service (see f | orm FL-330). | | | |
| 1 1 | am at least 18 years of age, not a party to this action, and I am a resident of or employe | nd in the county where the mailing took | | | |
| | blace. | ed in the county where the mailing took | | | |
| | | | | | |
| 2. 1 | My residence or business address is: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. I served a copy of the following documents (specify): | | | | | |
| | | | | | |
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| | | | | | |
| k | by enclosing them in an envelope AND | | | | |
| á | a. depositing the sealed envelope with the United States Postal Service with the | postage fully prepaid. | | | |
| ŀ | b. placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary | | | | |
| | business practices. I am readily familiar with this business's practice for collecting | | | | |
| | mailing. On the same day that correspondence is placed for collection and mail | | | | |
| | business with the United States Postal Service in a sealed envelope with postage | ge fully prepaid. | | | |
| ν - | The envelope was addressed and mailed as follows: | | | | |
| | a. Name of person served: | | | | |
| | b. Address: | | | | |
| _ | | | | | |
| (| c. Date mailed: | | | | |
| (| d. Place of mailing (city and state): | | | | |
| | | | | | |
| 5. I | declare under penalty of perjury under the laws of the State of California that the forego | ing is true and correct. | | | |
| Dot | | | | | |
| Date | 5. L | | | | |
| | | | | | |
| | (TYPE OR PRINT NAME) | RE OF PERSON COMPLETING THIS FORM) | | | |

INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the Proof of Service by Mail (form FL-335).

served. The person who serves the documents must complete a proof of service form for the documents being served. personal delivery and (2) by mail. See the Proof of Personal Service (form FL-330) if the documents are being personally A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1)

You cannot serve documents if you are a party to the action.

INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

dent and the Other Parent, you must complete two proofs of service, one for the Respondent and one for the Other Parent. You must complete a proof of service for each package of documents you serve. For example, if you serve the Respon-

First box, left side: In this box print the name, address, and phone number of the person for whom you are serving the Complete the top section of the proof of service forms as follows:

Second box, left side: Print the name of the county in which the legal action is filed and the court's address in this box. Use documents.

Third box, left side: Print the names of the Petitioner/Plaintiff, Respondent/Defendant, and Other Parent in this box. Use the same address for the court that is on the documents you are serving.

the same names listed on the documents you are serving.

Second box, right side: Print the case number in this box. This number is also stated on the documents you are serving. First box, top of form, right side: Leave this box blank for the court's use.

You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.

- you either live in or are employed in the county where the mailing took place. 1. You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that
- Print your home or business address.
- a. Check this box if you put the documents in the regular U.S. mail. 3. List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
- b. Check this box if you put the documents in the mail at your place of employment.
- 4. a. Print the name you put on the envelope containing the documents.
- c. Write in the date that you put the envelope containing the documents in the mail. b. Print the address you put on the envelope containing the documents.
- Write in the city and state you were in when you mailed the envelope containing the documents.
- You are stating under penalty of perjury that the information you have provided is true and correct.

Print your name, fill in the date, and sign the form.

If you need additional assistance with this form, contact the Family Law Facilitator in your county.